CARLEPONE
Carbidopa/Levodopa/Entacapone
Film Coated Tablets 18.75/75/200mg. 25/100/200mg, 31.25/125/200mg dan 50/200/200mg

SUMMARY OF PRODUCTS CHARACTERISTIC

1. Name of the Medicinal Product
CARLEPONE

2. Qualitative and Quantitative Composition
Each film coated tablets contains:
- Carbidopa + Levodopa + Entacapone tablet 18.75/75/200mg
- Carbidopa + Levodopa + Entacapone tablet 25/100/200mg
- Carbidopa + Levodopa + Entacapone tablet 31.25/125/200mg
- Carbidopa + Levodopa + Entacapone tablet 50/200/200mg

For Excipients see point 6.1

3. Pharmaceutical Form
Film coated tablets

4. Clinical Particulars
4.1 Therapeutic indications
Carbidopa + Levodopa + Entacapone tablet is indicated for the treatment of adult patients with Parkinson's disease and end-of-dose motor fluctuations not stabilised on levodopa/dopa decarboxylase (DDC) inhibitor treatment.

4.2 Posology and method of administration
The optimum daily dosage must be determined by careful titration of levodopa in each patient. The daily dose should preferably be optimised using one of the four available tablet strengths (18.75/75/200mg, 25/100/200mg, 31.25/125/200mg or 50/200/200mg carbidopa/ levodopa/entacapone).

Patients should be instructed to take only one Carbidopa + Levodopa + Entacapone tablet per dose administration. Patients receiving less than 70-100 mg carbidopa a day are more likely to experience nausea and vomiting. While the experience with total daily dosage greater than 200 mg carbidopa is limited, the maximum recommended daily dose of entacapone is 2000 mg and therefore the maximum Carbidopa + Levodopa + Entacapone dose, for the Carbidopa + Levodopa + Entacapone strengths of 18.75/75/200mg, 25/100/200mg, 31.25/125/200mg is 10 tablets per day. Ten (10) tablets of Carbidopa + Levodopa + Entacapone tablet 150/37.5/200 mg equal 375 mg of carbidopa a day. Therefore, using maximum recommended daily dose of 375 mg of carbidopa, the maximum daily dose of Carbidopa + Levodopa + Entacapone tablet 50/200/200 mg is 7 tablets per day.

The maximum total daily levodopa dose administered in the form of Carbidopa + Levodopa + Entacapone tablet should not exceed 1500 mg.

Starting Carbidopa + Levodopa + Entacapone tablet therapy
Switching from levodopa/ DDC inhibitor (carbidopa or benserazide) preparations and entacapone to Carbidopa + Levodopa + Entacapone tablet
Usually Carbidopa + Levodopa + Entacapone tablet is intended for use in patients already receiving treatment with corresponding doses of standard-release levodopa/DDC inhibitor and entacapone.

As with levodopa/carbidopa, non-selective monoamine oxidase (MAO) inhibitors are contraindicated for use with Carbidopa + Levodopa + Entacapone tablet. These inhibitors must be discontinued at least two weeks prior to initiating therapy with Carbidopa + Levodopa + Entacapone tablet.

Carbidopa + Levodopa + Entacapone tablet may be administered concomitantly with the manufacturer's recommended dose of MAO inhibitors with selectivity for MAO type B (e.g., selegiline HCl).

a) Patients who are currently receiving treatment with entacapone and standard-release levodopa/carbidopa in doses equal to Carbidopa + Levodopa + Entacapone tablet strengths can be directly switched to the corresponding Carbidopa + Levodopa + Entacapone tablet. For example:

Levodopa/ Carbidopa	Entacapone	Equivalent Carbidopa + Levodopa + Entacapone tablet
100/25 mg	200 mg	25/100/200 mg

b) When initiating Carbidopa + Levodopa + Entacapone tablet therapy in patients currently receiving treatment with entacapone and levodopa/carbidopa in doses not equal to the available Carbidopa + Levodopa + Entacapone tablet strengths. (18.75/75/200mg, 25/100/200mg, 31.25/125/200mg, or 50/200/200mg), Carbidopa + Levodopa + Entacapone tablet dosing should be carefully titrated for optimal clinical response. At the start of therapy, Carbidopa + Levodopa + Entacapone tablet should be adjusted to correspond as closely as possible to the total daily dose of levodopa currently used.

c) When initiating Carbidopa + Levodopa + Entacapone tablet in patients currently treated with entacapone and levodopa/benserazide in a standard-release formulation, treatment should be stopped for one night and Carbidopa + Levodopa + Entacapone tablet therapy started the next morning. The therapy should begin with a dosage of Carbidopa + Levodopa + Entacapone tablet that will provide either the same amount of levodopa or slightly (5-10%) more.

Switching in patients not currently treated with entacapone to Carbidopa + Levodopa + Entacapone tablet
As with levodopa/ carbidopa, non-selective monoamine oxidase (MAO) inhibitors are contraindicated for use with Carbidopa + Levodopa + Entacapone tablet. These inhibitors must be discontinued at least two weeks

prior to initiating therapy with Carbidopa + Levodopa + Entacapone tablet. Carbidopa + Levodopa + Entacapone tablet may be administered concomitantly with the manufacturer's recommended dose of MAO inhibitors with selectivity for MAO type B (e.g., selegiline HCl).

Initiation of Carbidopa + Levodopa + Entacapone tablet at a dosage corresponding to current treatment may be considered in some patients with Parkinson's disease and end-of-dose motor fluctuations who are not stabilised on their current standard-release levodopa/DDC inhibitor treatment. However, a direct switch from levodopa/DDC inhibitor to Carbidopa + Levodopa + Entacapone tablet is not recommended for patients who have dyskinesias or whose daily levodopa dose is above 800 mg. In such patients it is advisable to introduce entacapone treatment as a separate medication (entacapone tablets) and adjust the levodopa dose if necessary, before switching to Carbidopa + Levodopa + Entacapone tablet.

Entacapone enhances the effects of levodopa. It may therefore be necessary, particularly in patients with dyskinesia, to reduce levodopa dosage by 10-30% within the first days to first weeks after initiating Carbidopa + Levodopa + Entacapone tablet treatment. The daily dose of levodopa can be reduced by extending the dosing intervals and/or by reducing the amount of levodopa per dose, according to the clinical condition of the patient.

Dosage adjustment during the course of the treatment
When more levodopa is required, an increase in the frequency of doses and/or the use of an alternative strength of Carbidopa + Levodopa + Entacapone tablet should be considered, within the dosage recommendations.

When less levodopa is required, the total daily dosage of Carbidopa + Levodopa + Entacapone tablet should be reduced either by decreasing the frequency of administration by extending the time between doses, or by decreasing the strength of Carbidopa + Levodopa + Entacapone tablet at an administration.

If other levodopa products are used concomitantly with a Carbidopa + Levodopa + Entacapone tablet, the maximum dosage recommendations should be followed.

Discontinuation of Carbidopa + Levodopa + Entacapone tablet therapy
If Carbidopa + Levodopa + Entacapone tablet treatment is discontinued and the patient is switched to levodopa/DDC inhibitor therapy without entacapone, it is necessary to adjust the dosing of other antiparkinsonian treatments, especially levodopa, to achieve a sufficient level of control of the parkinsonian symptoms (see section Special warnings and precautions for use, rhabdomyolisis).

Children and adolescents
The safety and efficacy of Carbidopa + Levodopa + Entacapone tablet in patients under 18 years of age has not been established. Therefore the use of

the medicinal product in patients under the age of 18 cannot be recommended.

Elderly
No adjustment of Carbidopa + Levodopa + Entacapone tablet dosage is necessary in elderly patients.

Hepatic impairment
Caution is recommended when administering Carbidopa + Levodopa + Entacapone tablet to patients with mild to moderate hepatic impairment. Dose reduction may be necessary (see section Pharmacokinetic properties).

Renal insufficiency
Renal insufficiency does not affect the pharmacokinetics of entacapone. No specific studies are reported on the pharmacokinetics of levodopa and carbidopa in patients with renal insufficiency, and Carbidopa + Levodopa + Entacapone tablet should therefore be administered with caution in patients with severe renal impairment including those receiving dialysis therapies (see section Pharmacokinetic properties).

Method of administration
Each tablet is to be taken orally either with or without food (see section Pharmacokinetic properties). One tablet contains one treatment dose. The tablet should always be swallowed whole.

4.3 Contraindications

- Known hypersensitivity to the active substances or to any of the excipients.
- Severe hepatic impairment.
- Narrow-angle glaucoma.
- Pheochromocytoma.
- Coadministration of a non-selective monoamine oxidase (MAO-A and MAO-B) inhibitors (e.g. phenelzine, tranylcypromine).
- Coadministration of a selective MAO-A inhibitor and a selective MAO-B inhibitor (see section Interactions with other medicinal products and other forms of interaction, other antiparkinsonian medicinal products). These inhibitors must be discontinued at least two weeks prior to initiating therapy with Carbidopa + Levodopa + Entacapone tablet.
- A history of Neuroleptic Malignant Syndrome (NMS) and/or non-traumatic rhabdomyolysis.

4.4 Special warnings and precautions for use

- Carbidopa + Levodopa + Entacapone tablet is not recommended for the treatment of drug-induced extrapyramidal reactions.
- Carbidopa + Levodopa + Entacapone tablet therapy should be administered with caution to patients with ischemic heart disease, severe cardiovascular or pulmonary disease, bronchial asthma, renal, hepatic or endocrine disease, or history of peptic ulcer disease or convulsions.

- In patients with a history of myocardial infarction who have residual atrial nodal or ventricular arrhythmias; cardiac function should be monitored with particular care during the period of initial dosage adjustments.
- All patients treated with Carbidopa + Levodopa + Entacapone tablet should be monitored carefully for the development of mental changes (e.g. hallucinoses and psychoses), depression with suicidal tendencies, and serious antisocial behaviour. Patients with past or current psychosis should be treated with caution.
- Concomitant administration of antipsychotics with dopamine receptor-blocking properties, particularly D_2 receptor antagonists, should be carried out with caution and the patient carefully observed for loss of antiparkinsonian effect or worsening of parkinsonian symptoms.
- Patients with chronic wide-angle glaucoma may be treated with Carbidopa + Levodopa + Entacapone tablet with caution, provided the intra-ocular pressure is well controlled and the patient is monitored carefully for changes in intra-ocular pressure.
- Carbidopa + Levodopa + Entacapone tablet may induce orthostatic hypotension. Therefore caution is necessary when giving Carbidopa + Levodopa + Entacapone tablet who are taking other medicinal products which may cause orthostatic hypotension.
- Entacapone in combination with levodopa has been associated with somnolence and episodes of sudden sleep onset in patients with Parkinson's disease and caution should therefore be exercised when driving or operating machines (see also section Effects on ability to drive and use machines).
- Undesirable dopaminergic effects, e.g. dyskinesia, were more common in patients who received entacapone and dopamine agonists (such as bromocriptine), selegiline or amantadine. The doses of other antiparkinsonian medicinal products may need to be adjusted when Carbidopa + Levodopa + Entacapone tablet is introduced in a patient not previously treated with entacapone.
- Rhabdomyolysis secondary to severe dyskinesias or neuroleptic malignant syndrome (NMS) has been observed rarely in patients with Parkinson's disease. Isolated cases of rhabdomyolysis have been reported with entacapone treatment. NMS, including rhabdomyolysis and hyperthermia, is characterised by motor symptoms (rigidity, myoclonus, tremor), mental status changes (e.g., agitation, confusion, coma), hyperthermia, autonomic dysfunction (tachycardia, labile blood pressure) and elevated serum creatine phosphokinase. In individual cases, only some of these symptoms and/or findings may be evident. Early diagnosis is important for the appropriate management of NMS. A syndrome resembling NMS including muscular rigidity, elevated body temperature, mental changes and increased serum creatine phosphokinase has been reported with the abrupt withdrawal of antiparkinsonian agents. Isolated cases of NMS have been reported, especially following abrupt reduction or discontinuation of entacapone.
- When considered necessary, withdrawal of Carbidopa + Levodopa + Entacapone tablet and other dopaminergic treatment should proceed slowly, and if signs and/or symptoms occur despite a slow withdrawal of

Carbidopa + Levodopa + Entacapone tablet, an increase in levodopa dose may be necessary.

- Prescribers should exercise caution when switching patients from Carbidopa + Levodopa + Entacapone tablet to levodopa/DDC inhibitor therapy without entacapone. When considered necessary, the replacement of Carbidopa + Levodopa + Entacapone tablet with levodopa and DDC inhibitor without entacapone should proceed slowly and an increase in levodopa dosage may be necessary.
- If general anaesthesia is required, therapy with Carbidopa + Levodopa + Entacapone tablet may be continued for as long as the patient is permitted to take fluids and medication by mouth. If therapy has to be stopped temporarily, Carbidopa + Levodopa + Entacapone tablet may be restarted as soon as oral medicinal products can be taken at the same daily dosage as before.
- Periodic evaluation of hepatic, haematopoietic, cardiovascular and renal function is recommended during extended therapy with Carbidopa + Levodopa + Entacapone tablet.
- For patients experiencing diarrhoea, a follow-up of weight is recommended in order to avoid potential excessive weight decrease. Prolonged or persistent diarrhoea suspected to be related to Carbidopa + Levodopa + Entacapone tablet may be a sign of colitis. In the event of prolonged or persistent diarrhoea, the drug should be discontinued and appropriate medical therapy and investigations considered.
- For patients who experience progressive anorexia, asthenia and weight decrease within a relatively short period of time, a general medical evaluation including liver function should be considered.
- Pathological gambling, increased libido and hypersexuality have been reported in Parkinson’s disease patients treated with dopamine agonists and other dopaminergic treatments including Carbidopa + Levodopa + Entacapone tablet.
- Levodopa/carbidopa may cause false positive result when a dipstick is used to test for urinary ketone; this reaction is not altered by boiling the urine sample. The use of glucose oxidase methods may give false negative results for glycosuria.
- Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

Other antiparkinsonian medicinal products

To date there has been no indication of interactions that would preclude concurrent use of standard antiparkinsonian medicinal products with Carbidopa + Levodopa + Entacapone tablet therapy. Entacapone in high doses may affect the absorption of carbidopa. However, no interaction with carbidopa has been observed with the recommended treatment schedule (200 mg of entacapone up to 10 times daily). Interactions between entacapone and selegiline have been investigated in repeated dose studies in Parkinson's disease patients treated with levodopa/DDC inhibitor and no interaction was observed. When used with Carbidopa + Levodopa + Entacapone tablet, the daily dose of selegiline should not exceed 10 mg.

Because Carbidopa + Levodopa + Entacapone tablet contains entacapone, it should not be used concurrently with Comtan (entacapone).
Caution should be exercised when the following active substances are administered concomitantly with levodopa therapy.

Antihypertensives
Symptomatic postural hypotension may occur when levodopa is initiated in patients already receiving antihypertensives. Dosage adjustment of the antihypertensive agent may be required.

Antidepressants
Rarely, reactions including hypertension and dyskinesia have been reported with the concomitant use of tricyclic antidepressants and levodopa/carbidopa. Interactions between entacapone and imipramine and between entacapone and moclobemide have been investigated. No pharmacodynamic interactions were observed. A significant number of Parkinson's disease patients have been treated with the combination of levodopa, carbidopa and entacapone with several active substances including MAO-A inhibitors, tricyclic antidepressants, noradrenaline reuptake inhibitors such as desipramine, maprotiline and venlafaxine and medicinal products that are metabolised by COMT (e.g. catechol-structured compounds: rimiterole, isoprenaline, adrenaline, noradrenaline, dopamine, dobutamine, alpha-methyldopa, apomorphine, and paroxetine). No pharmacodynamic interactions have been observed. However, caution should be exercised when these medicinal products are used concomitantly with Carbidopa + Levodopa + Entacapone tablet (see also section Contraindications and section Special warnings and precautions for use).

Other active substances
Dopamine receptor antagonists (e.g. some antipsychotics and antiemetics), phenytoin and papaverine may reduce the therapeutic effect of levodopa. Patients taking these medicinal products with Carbidopa + Levodopa + Entacapone tablet should be carefully observed for loss of therapeutic response.
Due to entacapone's affinity to cytochrome P450 2C9 in vitro (see section Pharmacokinetic properties), Carbidopa + Levodopa + Entacapone tablet may potentially interfere with active substances whose metabolism is dependent on this isoenzyme, such as S-warfarin. However, in an interaction study, entacapone did not change the plasma levels of S-warfarin, while the AUC for R-warfarin increased on average by 18% [CI_{90} 11-26%]. The INR values increased on average by 13% [CI_{90} 6-19%]. Thus, a control of INR is recommended when Carbidopa + Levodopa + Entacapone tablet is initiated in patients receiving warfarin.

Other forms of interactions
Since levodopa competes with certain amino acids, the absorption of Carbidopa + Levodopa + Entacapone tablet may be impaired in some patients on a high protein diet.
Levodopa and entacapone may form chelates with iron in the gastrointestinal tract. Therefore, Carbidopa + Levodopa + Entacapone tablet and iron

preparations should be taken at least 2-3 hours apart (see section Undesirable effects).
Carbidopa + Levodopa + Entacapone tablet may be given to patients with Parkinson's disease who are taking vitamin preparations that contain pyridoxine hydrochloride (Vitamin B6).

4.6 Pregnancy and Lactation

Pregnancy

There are no adequate data from the use of the combination of levodopa/carbidopa/entacapone in pregnant women. The potential risk for humans is unknown. Carbidopa + Levodopa + Entacapone tablet should not be used during pregnancy.

Lactation

Levodopa is excreted in human breast milk. There is evidence that lactation is suppressed during treatment with levodopa. Carbidopa and entacapone were excreted in milk in animals but is not known whether they are excreted in human breast milk. The safety of levodopa, carbidopa, or entacapone in the infant is not known. Women should not breast-feed during treatment with Carbidopa + Levodopa + Entacapone tablet.

Fertility

No adverse reactions on fertility were observed in preclinical studies with entacapone, carbidopa or levodopa alone. Fertility studies in animals have not been conducted with the combination of entacapone, levodopa and carbidopa.

4.7 Effects on ability to drive and use machines

Carbidopa + Levodopa + Entacapone tablet may have a major influence on the ability to drive and use machines. Patients being treated with Carbidopa + Levodopa + Entacapone tablet and presenting with somnolence and/or sudden sleep onset episodes must be instructed to refrain from driving or engaging in activities where impaired alertness may put themselves or others at risk of serious injury or death (e.g. operating machines) until such recurrent episodes have resolved (see also section Special warnings and precautions for use).
Levodopa, carbidopa and entacapone together may cause dizziness and symptomatic orthostatism.
Therefore, caution should be exercised when driving or using machines.

4.8 Undesirable effects

The most frequently reported adverse reactions with Carbidopa + Levodopa + Entacapone tablet are dyskinesias; gastrointestinal symptoms including nausea and diarrhoea; muscle, musculoskeletal and connective tissue pain; and harmless reddish-brown discolouration of urine (chromaturia). Serious events of gastrointestinal haemorrhage (uncommon) and angioedema (rare) have been identified with the used of Carbidopa + Levodopa + Entacapone tablet or entacapone combined with levodopa/DDC inhibitor. Serious hepatitis with mainly cholestatic features, rhabdomyolysis and neuroleptic

malignant syndrome may occur with Carbidopa + Levodopa + Entacapone tablet.
Adverse reactions are ranked under headings of frequency, the most frequent first, using the following convention: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000), very rare (<1/10,000), not known (cannot be estimated from the available data, since no valid estimate can be derived from clinical trials or epidemiological studies).

Blood and lymphatic system disorders	
Common:	Anaemia, Decreased Haemoglobin
Uncommon:	Thrombocytopenia
Metabolism and nutrition disorders	
Common:	Weight decreased*, decreased appetite*
Psychiatric disorders	
Common:	Depression, hallucination, confusional state*, abnormal dreams*, anxiety, insomnia
Uncommon:	Psychosis, agitation*
Not known:	Suicidal behaviour
Nervous system disorders	
Very common:	Dyskinesia*
Common:	Parkinsonism aggravated (e.g. bradykinesia)*, tremor, on and off phenomenon, dystonia, mental impairment (e.g. memory impairment, dementia), somnolence, dizziness*, headache
Not known:	Neuroleptic malignant syndrome*
Eye disorders	
Common:	Blurred vision
Cardiac disorders	
Common:	Ischemic heart disease events other than myocardial infarction (e.g. angina pectoris)**, irregular heart rhythm
Uncommon:	Myocardial infarction**
Vascular disorders	
Common:	Orthostatic hypotension, hypertension
Uncommon:	Gastrointestinal haemorrhage
Respiratory, thoracic and mediastinal disorders	
Common:	Dyspnoea
Gastrointestinal disorders	
Very common:	Diarrhoea*, nausea*
Common:	Constipation*, vomiting*, dyspepsia, abdominal pain and discomfort*, dry mouth*
Uncommon:	Colitis*, dysphagia

Hepatobiliary disorders	
Uncommon:	Hepatic function test abnormal*
Not known:	Hepatitis with mainly cholestatic features*
Skin and subcutaneous tissue disorders	
Common:	Rash*, hyperhidrosis
Uncommon:	Discolourations other than urine (e.g. skin, nail, hair, sweat)*
Rare:	Angioedema
Not known:	Urticaria*
Musculoskeletal and connective tissue disorders	
Very common:	Muscle, musculoskeletal and connective tissue pain*
Common:	Muscle spasms, arthralgia
Not known:	Rhabdomyolysis*
Renal and urinary disorders	
Very common:	Chromaturia*
Common:	Urinary tract infection
Uncommon:	Urinary retention
General disorders and administration site conditions	
Common:	Chest pain, peripheral oedema, fall, gait disturbance, asthenia, fatigue
Uncommon:	Malaise

*Adverse reactions that are mainly attributable to entacapone or are more frequent with entacapone than levodopa/DDC inhibitor alone.
**The incidence rates of myocardial infarction and other ischemic heart disease events are derived from an analysis of patients receiving entacapone.

Description of selected adverse reactions
Adverse reactions that are mainly attributable to entacapone or are more frequent with entacapone than levodopa/DDC inhibitor alone are indicated with an asterisk in the Table. Some of these adverse reactions relate to the increased dopaminergic activity (e.g. dyskinesia, nausea and vomiting) and occur most commonly at the beginning of the treatment. Reduction of levodopa dose decreases the severity and frequency of these dopaminergic reactions. Few adverse reactions are known to be directly attributable to the active substance entacapone including diarrhea and reddish-brown discoloration of urine. Entacapone may in some cases cause also discoloration of e.g. skin, nail, hair and sweat. Other adverse reactions with an asterisk in the Table are marked based on either their more frequents occurrence.
Convulsions have occurred rarely with levodopa/carbidopa; however a causal relationship levodopa/carbidopa therapy has not been established.
Parkinson's disease patients treated with dopamine agonists and other dopaminergic treatments such as Carbidopa + Levodopa + Entacapone tablet,

especially at high doses, have been reported as exhibiting signs of pathological gambling, increased libido, hypersexuality and other urges, generally reversible upon reduction of the dose or treatment discontinuation. Entacapone in association with levodopa has been associated with isolated cases of excessive daytime somnolence and sudden sleep onset episodes.

4.9 Overdose

There have been reports that the highest daily doses of levodopa and entacapone have been at least 10,000 mg and 40,000 mg, respectively. The acute symptoms and signs in these cases of overdose included agitation, confusional state, coma, bradycardia, ventricular tachycardia, Cheyne-Stokes respiration, discolourations of skin, tongue and conjunctiva, and chromaturia. Management of acute overdosage with Carbidopa + Levodopa + Entacapone tablet is similar to acute overdosage with levodopa. Hospitalisation is advised and general supportive measures should be employed with immediate gastric lavage and repeated doses of charcoal over time. This may hasten the elimination of entacapone in particular by decreasing its absorption/reabsorption from the gastrointestinal tract. The adequacy of the respiratory, circulatory and renal systems should be carefully monitored and appropriate supportive measures employed. ECG monitoring should be started and the patient carefully monitored for the possible development of arrhythmias. If required, appropriate anti-arrhythmic therapy should be given. The possibility that the patient has taken other active substances in addition to Carbidopa + Levodopa + Entacapone tablet should be taken into consideration. The value of dialysis in the treatment of overdose is not known.

5. Pharmacological Properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: anti-parkinsonian drugs, dopa and dopa derivatives (ATC code: N04BA03).

According to the current understanding, the symptoms of Parkinson's disease are related to depletion of dopamine in the corpus striatum. Dopamine does not cross the blood-brain barrier. Levodopa, the precursor of dopamine, crosses the blood brain barrier and relieves the symptoms of the disease. As levodopa is extensively metabolised in the periphery, only a small portion of a given dose reaches the central nervous system when levodopa is administered without metabolic enzyme inhibitors.

Carbidopa and benserazide are peripheral DDC inhibitors which reduce the peripheral metabolism of levodopa to dopamine, resulting in an increase in the amount of levodopa is available to the brain. When decarboxylation of levodopa is reduced with the co-administration of a DDC inhibitor, a lower dose of levodopa can be used and the incidence of adverse reactions such as nausea is reduced.

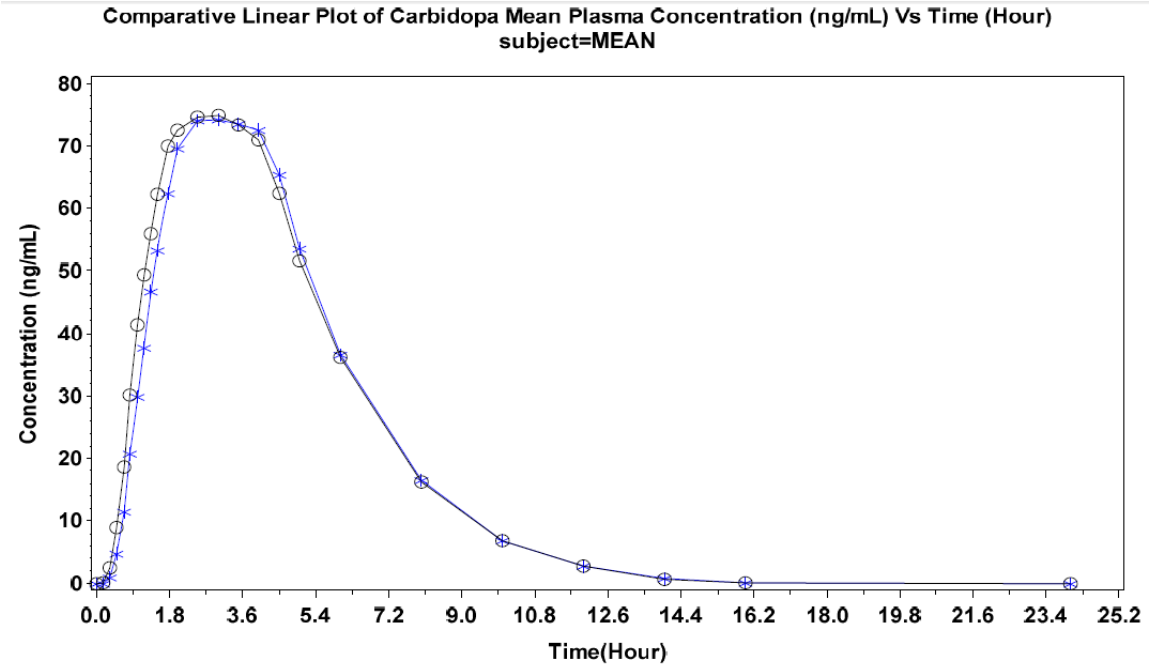
With the inhibition of the decarboxylase by a DDC inhibitor, catechol-O-methyltransferase (COMT) becomes the major peripheral metabolic pathway catalyzing the conversion of levodopa to 3-O-methyldopa (3-OMD), a potentially harmful metabolite of levodopa. Entacapone is a reversible, specific and mainly peripherally acting COMT inhibitor designed for concomitant administration with levodopa. Entacapone slows the clearance

of levodopa from the bloodstream resulting in an increased area under the curve (AUC) in the pharmacokinetic profile of levodopa. Consequently the clinical response to each dose of levodopa is enhanced and prolonged.

5.2 Pharmacokinetic properties

Bioequivalence Data Fasting Study

Efficacy Results



Calculation of intra subject C.V. for reference with ln-transformed parameter C_{max} for Carbidopa (N=61 Subjects)			
Pharmacokinetic Parameter	**Within subject S.D. for Reference (sWR)**	**Within Subject Variance for Reference (s2wr)**	**Intra Subject C.V. for Reference (%)**
C_{max} (ng/mL)	0.2350	0.0552	23.83

Calculation of Geometric Mean, Ratio, Intra-Subject C.V., Power and 90% Confidence Interval for Carbidopa (N=63 Subjects) Bioequivalence criteria is based on unscaled average bioequivalence approach for C_{max} & AUC_{0-t}						
Pharmacokinetic Parameters	**Geometric Mean**		**Ratio (T/R) (%)**	**Intra Subject C.V. (%)**	**Power (%)**	**90 % Confidence Interval (%)**
	Test (T)	**Reference(R)**				
C_{max} (ng/mL)	86.898	85.666	101.44	26.51	100.00	96.00 – 107.18
AUC_{0-t} (ng*hrs/mL)	376.054	370.934	101.38	26.30	100.00	95.99 – 107.08

Comparative Linear Plot of Levodopa Mean Plasma Concentration (ng/mL) Vs Time (Hour)
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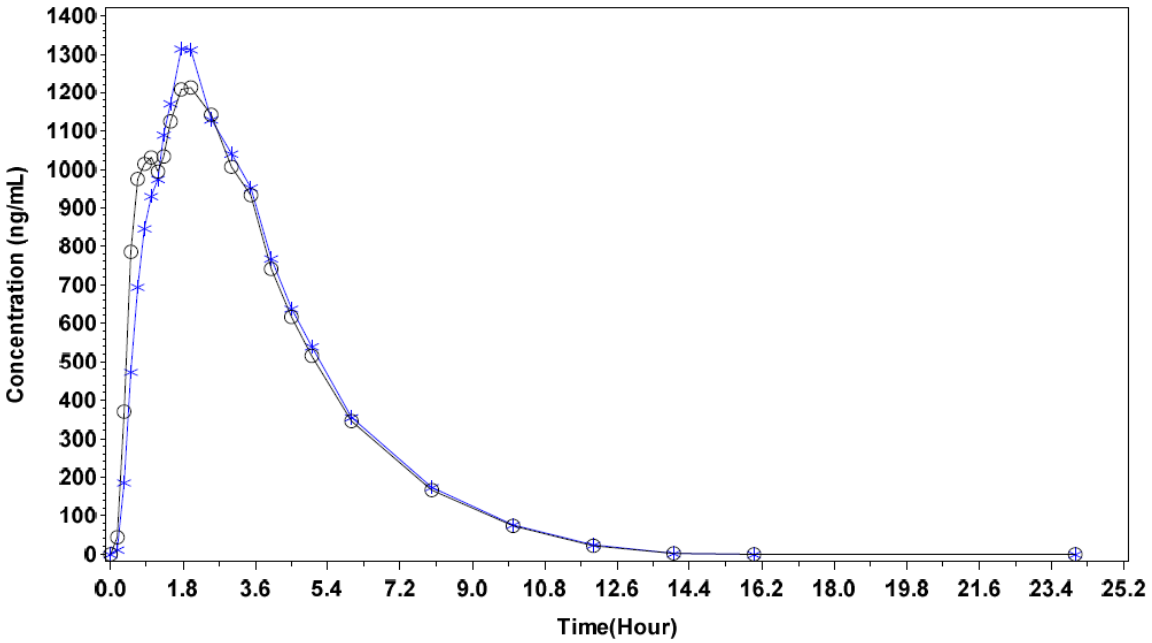
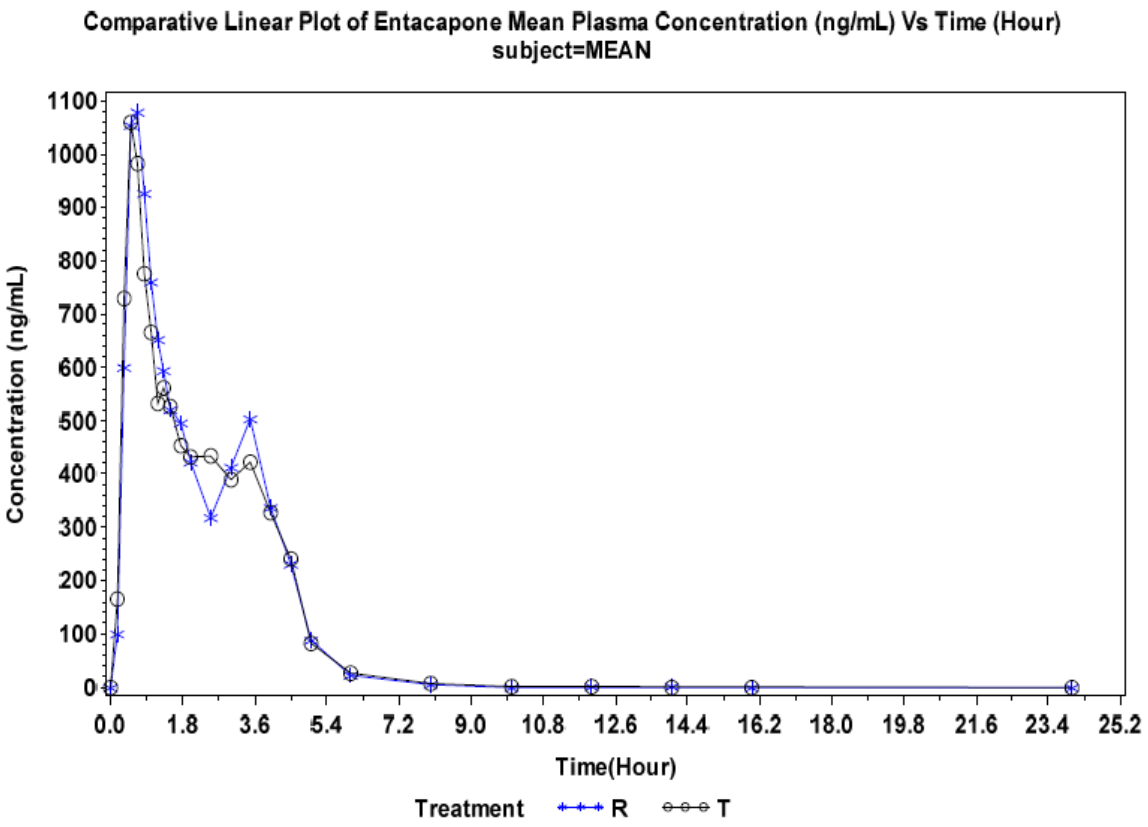


Calculation of intra subject C.V. for reference with ln-transformed parameter C_{max} for Levodopa (N=61 Subjects)			
Pharmacokinetic Parameter	**Within subject S.D. for Reference (sWR)**	**Within Subject Variance for Reference (s2wr)**	**Intra Subject C.V. for Reference (%)**
C_{max} (ng/mL)	0.1508	0.0228	15.17

Calculation of Geometric Mean, Ratio, Intra-Subject C.V., Power and 90% Confidence Interval For Levodopa (N=63 Subjects) Bioequivalence criteria is based on unscaled average bioequivalence approach for C_{max} & AUC_{0-t}						
Pharmacokinetic Parameters	**Geometric Mean**		**Ratio (T/R) (%)**	**Intra Subject C.V. (%)**	**Power (%)**	**90 % Confidence Interval (%)**
	Test (T)	**Reference(R)**				
C_{max} (ng/mL)	1785.839	1779.832	100.34	17.77	100.00	96.67 – 104.15
AUC_{0-t} (ng*hrs/mL)	5458.232	5481.056	99.58	10.14	100.00	97.48 – 101.74



Calculation of Intra subject C.V. and widening limits for reference with ln-transformed parameter C_{max} for Entacapone (N=61 Subjects)				
Pharmacokinetic Parameter	**Within subject S.D. for Reference (sWR)**	**Within Subject Variance for Reference (s2wr)**	**Intra Subject C.V. for Reference (%)**	**Widening limits (%)**
C_{max} (ng/mL)	0.3875	0.1501	40.25	74.49 - 134.24

Calculation of Geometric Mean, Ratio, Intra-Subject C.V., Power and 90% Confidence For Entacapone (N=63 Subjects) Bioequivalence criteria is based on scaled average bioequivalence approach (Widening limits) for C_{max} and unscaled average bioequivalence approach for AUC_{0-t}						
Pharmacokinetic Parameters	**Geometric Mean**		**Ratio (T/R) (%)**	**Intra Subject C.V. (%)**	**Power (%)**	**90 % Confidence Interval (%)**
	Test (T)	**Reference(R)**				
C_{max} (ng/mL)	1515.291	1684.881	89.93	39.54	99.81	82.97 – 97.48
AUC_{0-t} (ng*hrs/mL)	2166.276	2209.294	98.05	13.58	100.00	95.29 – 100.89

6. Pharmaceutical Particulars

6.1 List of Excipients

Microcrystalline Cellulose
Croscarmellose Sodium
Colloidal Silicon Dioxide
Povidone
Isopropanol
Magnesium Stearate
Purified Water
Maltodextrin

Crospovidone
Kombinasi-Instacoat Universal Brown (A05G12308)

6.2 Incompatibilities
None

6.3 Special precautions for storage
Store below 30°C
Keep out of reach of children

6.4 Nature and contents of container
Blister: 25 Micron Aluminium Foil / 6-8 Gsm Hsl And Cold Form Laminate (25 Micron Opa / 45 Micron Aluminium Foil / 60 Micron Pvc)

18.75/75/200mg: Carton of 3 blisters @ 10 film coated tablets (Reg No: DKI…..)
25/100/200mg: Carton of 3 blisters @ 10 film coated tablets (Reg No: DKI…..)
31.25/125/200mg: Carton of 3 blisters @ 10 film coated tablets (Reg No: DKI…)
50/200/200mg: Carton of 3 blisters @ 10 film coated tablets (Reg No: DKI…..)

6.5 Special Precaution for disposal
None.

6.6 Date of Revision of the Text
None.

Manufactured by:
Macleods Pharmaceuticals Ltd.
Tehsil-Baddi, District Solan,
Himachal Pradesh - India.

Imported and marketed by:
PT SOHO Industri Pharmasi.
A SOHO Global Health Company
Jakarta – Indonesia

ON MEDICAL PRESCRIPTION ONLY

CARLEPONE
Carbidopa/Levodopa/Entacapone
Tablet salut selaput 18.75/75/200mg, 25/100/200mg, 31.25/125/200mg dan 50/200/200mg

INFORMASI OBAT UNTUK PASIEN

Bacalah seluruh isi brosur ini dengan seksama sebelum Anda mulai menggunakan obat ini karena brosur ini berisi hal-hal penting untuk Anda.

- Simpanlah brosur ini. Anda mungkin perlu membacanya di kemudian hari.
- Apabila Anda memiliki pertanyaan lebih lanjut, tanyakanlah dokter atau apoteker Anda.
- Obat ini telah diresepkan khusus untuk Anda. Jangan memberikan obat ini untuk orang lain karena hal ini dapat membahayakan mereka, meskipun gejala penyakit mereka sama dengan yang Anda alami.
- Apabila Anda mengalami efek samping, komunikasikanlah pada dokter atau apoteker Anda. Perhatikan pula kemungkinan efek samping yang tidak terdaftar dalam brosur ini.

Informasi yang terkandung dalam brosur ini:

1. Carlepone dan Kegunaannya

Carlepone mengandung tiga zat aktif dalam satu tablet salut selaput yaitu Carbidopa, Levodopa dan Entacapone yang diindikasikan untuk pengobatan pasien dewasa dengan penyakit Parkinson dan fluktuasi motorik *end of dose* yang tidak stabil pada pengobatan dengan penghambat levodopa / dopa dekarboksilase (DDC).

Penyakit Parkinson disebabkan oleh rendahnya kadar dopamin di otak. Levodopa berfungsi untuk meningkatkan jumlah dopamin dan mengurangi gejala penyakit Parkinson, sedangkan Carbidopa dan Entacapone berfungsi untuk meningkatkan efek antiparkinson dari Levodopa.

2. Hal yang perlu Anda ketahui sebelum menggunakan Carlepone

Jangan menggunakan Carlepone apabila Anda :

- Alergi terhadap zat aktif Carbidopa, Levodopa dan Entacapone atau salah satu bahan tambahan dalam Carlepone
- Memiliki glukoma dengan sudut sempit (gangguan mata)
- Memiliki tumor yang tumbuh di kelenjar adrenal (feokromositoma)
- Sedang menjalani pengobatan untuk terapi depresi (kombinasi MAO-A dan MAO-B inhibitor selektif atau MA-O inhibitor non selektif) (misalnya fenelzin, tranylcypromine)
- Memiliki riwayat Neuroleptic Malignant Syndrome (NMS) yaitu reaksi langka terhadap obat-obatan yang digunakan untuk mengobati gangguan jiwa)
- Memiliki riwayat Rhabdomyolysis non-trauma yaitu kelainan otot yang langka.
- Memiliki gangguan hati yang berat

Peringatan dan Perhatian

Bicarakan kepada dokter dan apoteker Anda sebelum mengonsumsi Carlepone, jika Anda pernah mengalami:

- Serangan jantung atau penyakit jantung lainnya termasuk aritmia jantung atau pada pembuluh darah
- Asma atau penyakit paru-paru lainnya
- Masalah hati, karena dosis anda mungkin perlu disesuaikan
- Masalah ginjal atau penyakit terkait hormon
- Maag atau kejang
- Diare berkepanjangan, segera konsultasikan dengan dokter karena kemungkinan berasal dari peradangan usus besar
- Segala bentuk penyakit gangguan mental berat seperti psikosis
- Glukoma sudut lebar kronis, karena dosis Anda mungkin perlu disesuaikan dan tekanan di mata Anda perlu di monitor

Konsultasikan dengan dokter Anda jika Anda saat ini sedang mengonsumsi :

- Antipsikotik (pengobatan untuk psikosis)
- Obat yang dapat menyebabkan tekanan darah rendah ketika bangkit dari kursi atau tempat tidur. Perlu diketahui bahwa Carlepone dapat memperburuk kondisi tersebut.

Konsultasikan dengan dokter Anda jika selama pengobatan dengan Carlepone Anda :

- Merasakan otot menjadi sangat kaku atau tersentak sangat keras, atau Anda mengalami tremor, agitasi, kebingungan, demam, denyut nadi dan fluktuasi yang meningkat dalam tekanan darah. Jika merasakan salah satu dari gejala yang telah disebutkan, segera hubungi dokter Anda.
- Merasakan depresi, atau keinginan bunuh diri, atau merasakan perubahan tingkah laku yang tidak biasa.
- Menemukan diri Anda tiba-tiba tertidur, atau Anda merasa sangat mengantuk. Jika hal tersebut terjadi sebaiknya jangan mengemudi atau menggunakan alat atau mesin apapun.
- Mendapati gerakan yang tidak terkendali terjadi atau memburuk setelah Anda mulai menggunakan Carlepone. Jika ini terjadi, dokter Anda mungkin perlu mengubah dosis obat antiparkinson Anda.
- Mengalami diare, direkomendasikan untuk memonitor berat badan Anda untuk menghindari potensi penurunan berat badan yang berlebihan.
- Mengalami anoreksia progresif, asthenia (kelemahan, kelelahan) dan penurunan berat badan dalam waktu yang relatif singkat. Jika ini terjadi, evaluasi pengobatan secara umum termasuk fungsi hati harus dipertimbangkan.
- Merasa perlu untuk berhenti menggunakan Carlepone.

Sampaikan pada dokter Anda jika Anda atau keluarga Anda memperhatikan bahwa Anda mengalami gejala seperti kecanduan yang menyebabkan keinginan untuk mengonsumsi Carlepone dengan dosis lebih besar dan obat-obatan lain yang digunakan untuk mengobati penyakit Parkinson.

Sampaikan pada dokter Anda jika Anda atau keluarga Anda memperhatikan bahwa Anda berperilaku tidak biasa atau Anda tidak bisa menahan dorongan atau keinginan untuk melakukan aktivitas yang dapat merugikan diri sendiri atau orang lain. Perilaku ini disebut *impulse control disorders* dan dapat mencakup kecanduan terhadap berjudi, peningkatan libido dan hiperseksualitas. Dokter Anda mungkin perlu untuk meninjau ulang pengobatan Anda.

Dokter Anda mungkin melakukan beberapa tes laboratorium rutin selama perawatan jangka panjang dengan Carlepone.
Jika Anda harus menjalani operasi, beri tahu dokter Anda bahwa Anda menggunakan Carlepone.

Carlepone tidak dianjurkan untuk digunakan untuk pengobatan gejala ekstrapiramidal (misalnya gerakan tak sadar, gemetar, kekakuan otot dan kontraksi otot) yang disebabkan oleh obat lain.

Anak-anak dan remaja
Keamanan dan kemanfaatan tablet Carlepone pada pasien di bawah usia 18 tahun belum ditentukan. Oleh karena itu, penggunaan produk obat pada pasien di bawah usia 18 tahun tidak direkomendasikan.

Orang tua
Tidak diperlukan penyesuaian dosis tablet Carlepone pada pasien usia lanjut

Obat lainnya dan Carlepone
Sampaikan pada dokter dan apoteker Anda jika sedang mengonsumi obat lain.

Jangan menggunakan Carlepone jika Anda sedang menjalani pengobatan untuk pengobatan depresi (kombinasi inhibitor MAO-A dan MAO-B, atau inhibitor MAO non selektif)

Carlepone mungkin dapat meningkatkan efek dan efek samping dari pengobatan tertentu, termasuk :
- Obat-obatan yang digunakan untuk mengobati depresi seperti moclobemide, amitriptyline, desipramine, maprotiline, venlafaxine dan paroxetine
- Rimiterole dan isoprenaline yang digunakan untuk mengobati penyakit pernapasan
- Adrenaline yang digunakan untuk meredakan reaksi alergi
- Noradrenaline, dopamine dan dobutamine yang digunakan untuk pengobatan penyakit hati dan tekanan darah rendah
- Alfa metildopa yang digunakan untuk mengobati tekanan darah tinggi
- Apomorphine yang digunakan untuk mengobati penyakit Parkinson.

Efek Carlepone dapat dilemahkan oleh obat-obatan berikut :
- Antagonis dopamin yang digunakan untuk pengobatan penyakit gangguan jiwa, mual dan muntah
- Fenitoin yang digunakan untuk mencegah kejang
- Papaverine yang digunakan untuk merelaksasi otot

Carlepone dapat menyebabkan kesulitan pencernaan zat besi. Oleh karena itu, jangan konsumsi Carlepone dan suplemen zat besi bersamaan. Setelah mengonsumsi salah satunya, berikan jeda sedikitnya 2 hingga 3 jam sebelum mengonsumsi yang lain.

Kehamilan
Tidak ada data yang memadai dari penggunaan Carlepone pada ibu hamil. Risiko potensial bagi manusia tidak diketahui. Carlepone tidak boleh digunakan selama kehamilan.

Laktasi

Levodopa diekskresikan dalam ASI manusia. Keamanan levodopa, carbidopa, atau entacapone pada bayi tidak diketahui. Wanita sebaiknya tidak menyusui selama pengobatan dengan Carlepone.

Kesuburan

Tidak ada reaksi yang tidak diinginkan terhadap kesuburan yang diamati pada studi praklinis dengan entacapone, carbidopa atau levodopa tunggal. Studi kesuburan pada hewan belum dilakukan dengan kombinasi entacapone, levodopa dan carbidopa.

Mengemudi dan menggunakan mesin

Carlepone mungkin memiliki pengaruh besar pada kemampuan mengemudi dan menggunakan mesin. Pasien yang dirawat dengan Carlepone dan mengalami gejala mengantuk dan/atau episode mengantuk tiba-tiba harus diinstruksikan untuk menahan diri dari mengemudi atau melakukan aktivitas di mana gangguan terhadap tingkat kewaspadaan dapat menyebabkan diri mereka sendiri atau orang lain menerima risiko cedera serius atau kematian (misalnya pengoperasian mesin) hingga episode berulang tersebut dapat diselesaikan. Oleh karena itu, perhatian harus diberikan saat mengemudi atau mengoperasikan mesin.

3. Mengonsumsi Carlepone

Selalu minum obat ini sesuai arahan dokter dan apoteker Anda. Periksa dengan dokter dan apoteker jika Anda tidak yakin.

Dewasa dan lansia:

- Dokter Anda akan memberitahu berapa banyak tepatnya jumlah tablet Carlepone yang harus dikonsumsi per hari.
- Tablet Carlepone tidak dimaksudkan untuk dipecah-pecah menjadi bagian yang lebih kecil.
- Anda hanya dapat mengonsumsi satu tablet tiap kali penggunaan.
- Berdasarkan dari respon pengobatan yang Anda berikan, dokter Anda mungkin akan menyarankan untuk menurunkan atau menaikkan dosis.
- Dosis harian maksimum Carlepone, untuk kekuatan Carbidopa + Levodopa + Entacapone 18.75/75/200 mg, 25/100/200 mg, 31.25/125/200 mg adalah 10 tablet per hari
- Dosis harian maksimum Carlepone, untuk kekuatan Carbidopa + Levodopa + Entacapone 50/200/200 mg adalah 7 tablet per hari.

Sampaikan kepada dokter atau apoteker Anda jika Anda merasakan efek yang terlalu kuat atau terlalu lemah dari Carlepone, atau jika Anda mengalami efek samping yang mungkin terjadi.

Jika Anda mengonsumsi Carlepone lebih dari dosis seharusnya

Jika Anda secara tidak sengaja mengonsumsi Carlepone lebih dari dosis seharusnya, segera sampaikan kepada dokter dan apoteker Anda. Dalam kasus overdosis, Anda mungkin merasa bingung atau gelisah, detak jantung menjadi lebih lambat atau lebih cepat dari biasanya, atau perubahan warna kulit, lidah, mata dan urin.

Jika Anda lupa mengonsumsi Carlepone

Jangan mengonsumsi dosis ganda untuk mengganti dosis yang terlupakan.

Jika lebih dari 1 jam sampai dosis berikutnya :

Konsumsi satu tablet segera setelah Anda ingat, dan tablet berikutnya pada waktu normal.

Jika kurang dari 1 jam sampai dosis berikutnya :
Konsumsi satu tablet segera setelah Anda ingat, tunggu selama satu jam, lalu minum dosis berikutnya. Setelah itu lanjutkan rutinitas konsumsi obat pada waktu normal.

Jika Anda berhenti mengonsumsi Carlepone
Jangan berhenti mengonsumsi Carlepone kecuali atas saran dokter. Dalam kasus tersebut, dokter Anda mungkin perlu menyesuaikan obat antiparkinson Anda yang lain, terutama levodopa, untuk mengontrol gejala. Jika Anda tiba-tiba berhenti mengonsumsi Carlepone dan obat-obat antiparkinson lainnya, efek samping yang tidak diingkan dapat terjadi.

Jika Anda memiliki pertanyaan lebih lanjut mengenai penggunaan obat ini, tanyakan kepada dokter dan apoteker Anda.

4. Efek samping yang mungkin terjadi

Seperti obat pada umumnya, obat ini dapat menimbulkan efek samping, walaupun tidak semua orang akan mengalaminya. Banyak dari efek samping yang dapat dikurangi melalui penyesuaian dosis.

Apabila selama pengobatan dengan Carlepone Anda mengalami gejala-gejala berikut ini, segera hubungi dokter Anda:
- Otot Anda terasa sangat kaku atau tersentak sangat keras; mengalami tremor, agitasi, kebingungan, demam, detak jantung cepat, atau fluktuasi pada tekanan darah. Kejadian-kejadian tersebut dapat merupakan gejala dari *neuroleptic malignant syndrome* (*NMS,* reaksi berat yang sering terjadi pada obat-obatan yang digunakan untuk mengobati kelainan pada sistem saraf pusat) atau rhabdomyolisis (kelainan otot berat yang jarang terjadi).
- Reaksi alergi, seperti biduran, gatal, ruam, bengkak pada wajah, bibir, lidah, atau tenggorokan. Hal tersebut dapat menyebabkan kesulitan bernafas atau menelan.

Sangat umum (dapat mempengaruhi lebih dari 1 pada 10 orang):
- Gerakan yang tidak terkontrol (diskinesia)
- Mual
- Perubahan warna urin menjadi coklat kemerahan namun tidak berbahaya
- Nyeri otot
- Diare

Umum (dapat mempengaruhi 1 pada 100 orang hingga kurang dari 1 pada 10 orang):
- Anemia
- Penurunan haemoglobin
- Penurunan berat badan
- Penurunan nafsu makan
- Depresi, halusinasi, kebingungan, mimpi abnormal, kegelisahan, insomnia
- Perburukan parkinsonisme (misal bradikinesia), gemetar, fenomena distonia yang hilang timbul, pelemahan mental (missal pelemahan ingatan, demensia), mengantuk, pusing, sakit kepala
- Penglihatan kabur
- Kejadian penyakit jantung iskemia selain infarksi miokardia (misal angina pectoris), denyut jantung tidak teratur
- Hipotensi ortostatik, hipertensi
- Dispnea
- Konstipasi, muntah, dispepsia, nyeri abdomen dan ketidaknyamanan, mulut kering
- Ruam, hiperhidrosis

- Kejang otot, artralgia
- Infeksi saluran kemih
- Nyeri dada, edema perifer, jatuh, gangguan cara berjalan, lemah, lelah

Tidak umum (dapat mempengaruhi 1 pada 1,000 orang hingga kurang dari 1 pada 100 orang):
- Trombositopenia
- Psikosis, agitasi
- Infarksi miokardia
- Perdarahan gastrointestinal
- Kolitis, disfagia
- Abnormalitas uji fungsi hati
- Perubahan warna selain pada urin (misal kulit, kuku, rambut, keringat)
- Retensi urin
- Rasa tidak enak

Jarang (dapat mempengaruhi lebih dari 1 pada 10,000 orang hingga kurang dari 1 pada 1,000 orang):
- Angioedema

Tidak diketahui:
- Keinginan bunuh diri
- *Neuroleptic malignant syndrome*
- Hepatitis dengan fitur utama kolestasis
- Urtikaria
- Rhabdomiolisis

Efek samping berikut juga turut dilaporkan:
- Hepatitis
- Gatal-gatal

Anda mungkin mengalami efek samping berikut:
- Ketidakmampuan menahan dorongan untuk melakukan kegiatan yang dapat membahayakan, termasuk:
  - Dorongan besar untuk melakukan perjudian dengan berlebihan yang berkonsekuensi serius pada diri sendiri maupun keluarga
  - Perubahan atau peningkatan minat dan perilaku seksual secara signifikan, misalnya, dorongan seksual yang meningkat
  - Berbelanja atau pengeluaran berlebihan yang tidak terkendali
  - Makan terus menerus (mengonsumsi makanan dalam jumlah besar pada waktu yang singkat) atau makan secara kompulsif (mengonsumsi makanan lebih dari jumlah normal dan lebih dari yang diperlukan untuk memuaskan rasa lapar)

Sampaikan kepada dokter jika Anda mengalami salah satu dari perilaku tersebut; dokter Anda akan mendiskusikan cara-cara untuk mengatur atau mengurangi gejala.

Melaporkan efek samping
Jika Anda merasakan salah satu dari efek samping, sampaikan kepada dokter atau apoteker Anda, termasuk efek samping lain yang memungkinkan dan tidak tercantum pada brosur ini.

5. Cara penyimpanan Carlepone

- Simpanlah obat ini pada tempat yang tidak dapat dijangkau anak-anak.
- Jangan gunakan obat ini setelah lewat tanggal kadaluwarsa yang dapat dilihat pada blister dan karton.
- Tanggal kadaluwarsa mengacu pada tanggal terakhir dari bulan yang tercantum.
- Obat ini tidak memerlukan penyimpanan khusus.
- Jangan membuang obat ini pada saluran pembuangan air atau tempat sampah rumah tangga. Mintalah petunjuk dari apoteker tentang tata cara pembuangan sisa obat yang sudah tidak digunakan. Hal ini dapat membantu melindungi lingkungan hidup.

6. Isi kemasan dan informasi lain

Carlepone mengandung:

- Bahan aktif Carlepone adalah carbidopa, levodopa dan entacapone.
- Setiap tablet salut selaput Carlepone 18.75/75/200mg mengandung 18.75 mg carbidopa, 75 mg levodopa dan 200 mg entacapone
- Setiap tablet salut selaput Carlepone 25/100/200mg mengandung 25 mg carbidopa, 100 mg levodopa dan 200 mg entacapone
- Setiap tablet salut selaput Carlepone 31.25/125/200mg mengandung 31.25 mg carbidopa, 125 mg levodopa dan 200 mg entacapone
- Setiap tablet salut selaput Carlepone 50/200/200mg mengandung 50 mg carbidopa, 200 mg levodopa dan 200 mg entacapone
- Bahan-bahan lain berupa Microcrystalline Cellulose, Croscarmellose Sodium, Colloidal Silicon Dioxide, Povidone, Isopropanol, Magnesium Stearate, Purified Water, Maltodextrin, Crospovidone, Kombinasi-Instacoat Universal Brown (A05G12308).

Pemerian Carlepone dan isi produk:

- Carlepone 18.75/75/200mg tablet salut selaput warna coklat, berbentuk oval, bikonveks, pada salah satu sisinya tertera 'M72' dan polos pada sisi lain.
- Carlepone 25/100/200mg tablet salut selaput warna coklat, berbentuk oval, bikonveks, pada salah satu sisinya tertera 'M73' dan polos pada sisi lain.
- Carlepone 31.25/125/200mg tablet salut selaput warna coklat, berbentuk oval, bikonveks, pada salah satu sisinya tertera 'M74' dan polos pada sisi lain.
- Carlepone 50/200/200mg tablet salut selaput warna coklat, berbentuk oval, bikonveks, pada salah satu sisinya tertera 'M70' dan polos pada sisi lain.

18.75/75/200mg: Dus, 3 blister @ 10 tablet salut selaput (Reg No: DKI…..)
25/100/200mg: Dus, 3 blister @ 10 tablet salut selaput (Reg No: DKI…..)
31.25/125/200mg: Dus, 3 blister @ 10 tablet salut selaput (Reg No: DKI…)
50/200/200mg: Dus, 3 blister @ 10 tablet salut selaput (Reg No: DKI…..)

Diproduksi oleh:
Macleods Pharmaceuticals Ltd.
Tehsil-Baddi, District Solan,
Himachal Pradesh - India.

Diimpor dan didistribusikan oleh:
PT SOHO Industri Pharmasi.
A SOHO Global Health Company
Jakarta – Indonesia

HARUS DENGAN RESEP DOKTER

Tanggal revisi teks
November 2022